Parkcare Homes Limited

Lickey Hills

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 18 and 19 May 2017 and was unannounced.

The provider of Lickey Hills is registered to provide accommodation with personal and nursing care for up to 82 people. Care and support is provided to people with dementia, personal and nursing care needs. Bedrooms, bathrooms and toilets are situated over two floors with stairs and passenger lift access to each of them. People have use of communal areas including lounges and dining rooms. At the time of this inspection 63 people lived at the home.

The registered manager had stopped working at the service in October 2016. We were accompanied during this inspection by the new manager who came into post in March 2017. At the time of this inspection the manager was not registered with us but would be sending in an application to us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in June 2015 the provider was required to make improvements as the support provided to people with dementia to eat their meals was not consistently effective and impacted upon their dignity. At this inspection people's meal time experiences remained mixed and as at our previous inspection not everyone was supported effectively to eat and enjoy their meals.

Staff did not always incorporate their knowledge around best practice to assist people with dementia so care was personalised and effectively met each person's needs. People's meals were often interrupted by staff carrying out medicine tasks which did not reflect an approach of recognising the importance of providing care centred on the needs of the person. Staff practices were inconsistent in always carefully recording what people had eaten and drank so any risks to people's health were effectively reduced.

People were supported to make their own choices and decisions. Although there was an occasion where some staff did not support people to make a choice but we saw many other times when staff did support people in making their everyday choices known. There were arrangements in place so people were not restricted unlawfully and staff had knowledge of these so they were able to support people's safety and meet their needs.

People had opportunities to follow their own interests and socialise as things to do for fun and interest were planned. However, staff missed opportunities to introduce into their caring roles time to spend socialising with people and having spontaneous moments of fun. There was also times when people's needs were not consistently responded so people feelings were not impacted on and staff provided care in a timely manner.

People enjoyed staff company and had built positive relationships with staff members they knew well. Staff

showed they cared about people and reflected this in how they respected people's diverse needs. Staff supported people to be involved in their care. People had been assisted to personalise their own rooms with items they cherished and made sure people's privacy was maintained.

People needs were identified and risk plans were in place to guide staff in providing the support and care people needed so their safety and welfare was not compromised. There were developed medicine management arrangements to ensure people's medicines were always available. There was a checking system to spot any discrepancies so these could be quickly rectified.

Health and social care professionals were involved in people's care to ensure they received the care and treatment which was right for them.
Staff had the knowledge to identify potential harm and abuse people could be at risk from so action could be taken to investigate this. Staffing levels were determined by the management team and they did this by taking into account people's individual care needs. The manager was actively recruiting for staff as there was reliance upon agency staff which did not support staff to consistently provide good quality effective care.

Staff had not always felt supported in their roles because there had been inconsistencies in the manager position at the home. However, staff had faith in the new manager and deputy manager so were hopeful improvements would be made to enhance their experiences and benefit those of people who lived at the home. Staff were looking forward to the recruitment of permanent staff and having the opportunities of taking higher training qualifications.

The provider had developed clear policies and procedures for dealing with people's complaints. The manager had listened to people who lived at the home and their relatives as they were taking action to resolve any issues people had and use any learning gained to continue to further improve the care people received. There were improvement plans but time was needed to fully implement these and see how effective these had been in driving up standards of care.

The provider and management team had arrangements to monitor the quality of the service but these were not as effective as they could be. People continued to receive care which was not consistently effective to meet their individual needs which had also been the case at our previous inspection. The service people received was under internal scrutiny by the senior management team to ensure the provider's required standards were achieved and people received high quality care.
You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to report any concerns in order to keep people safe from harm and background checks had been completed before new staff were employed.

Staffing levels were assessed and based upon meeting people's individual needs in a safe way and risks to people's welfare were reduced.

People's prescribed medicines were administered by staff who had the knowledge to do this safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had received training but their practices did not remain effective when providing a personalised care approach which included supporting people to have pleasant mealtimes.

People received support from healthcare professionals which included assisting staff to meet their nutritional needs. The monitoring records of what people ate and drank needed to consistently reflect staff practices.

Staff did not consistently seek people's consent before supporting them. People's best interest decisions were followed through and recorded evidence to reflect people were not deprived of their legal rights.

Is the service caring?

Good

The service was caring.

People described staff as kind and were appreciative of the care provided by staff they knew well.

People's diverse needs were respected with staff providing care which supported people's dignity.

People's right to spend time alone and be with their visitors as they chose was respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not always receive care which was personalised to them and responded to their individual needs at times they wanted support.

People were supported to follow their interests and have fun things to do which was continuing to be developed to enhance people's quality of life.

People were aware of how they were able to raise complaints. The manager was ensuring where people had approached them with issues they were taking action to resolve these and implement care practice improvements

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The management team recognised where improvements were required but actions needed to become embedded in the service's culture and staff practice.

People and their relatives were hopeful the new management team would have a positive impact upon the care provided in ensuring where improvements were required these would be implemented.

Staff had felt unsupported by inconsistent management. They had faith in the new manager and deputy manager who they believed were approachable and supportive.

Lickey Hills

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 19 May 2017 and was unannounced on the first day of our visit. The management team were informed we would be returning to the home on the second day of our visit. The inspection team consisted of two inspectors.

We looked at the information we held about the provider and the service. This included statutory notifications, which are notifications the provider must send us to inform us of serious injuries to people receiving care and any concerns of abuse. We asked the local authority who commission services from the registered provider for information in order to obtain their views about the quality of care provided at the home. We also contacted Healthwatch to obtain information about the service. Healthwatch are an independent consumer champion who promotes the views and experiences of people who use health and social care. We used this information to help us plan our inspection.

We spoke with 11 people who lived at the home and spent time looking at the care people received in the communal areas of the home where people were happy to share their experiences of life at the home. Many people lived with dementia and we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living at the home. We also spoke with seven relatives and friends of people who lived at the home by a variety of ways including speaking with people when they visited, by telephone and written correspondence. We did this to gain people's views about the care and to check standards of care were being met.

We met and spoke with 13 staff, including nursing and care staff, a cook, housekeeper and activity co-ordinator. We also spoke with the deputy manager, the registered manager and the visiting managing director and the provider's quality lead.

We sampled the records of seven people which included monitoring charts, plans of care and risk

assessments. We also spent time with two nurses to look at how people's medicines were administered and managed. We also looked at incident and accident reports, minutes held with relatives, and staff, complaints and compliments. Records were viewed about the running of the home which included management audits and health and safety checks.

Following our inspection visit the manager sent copies of the recent meetings they had held with relatives.

Good

Is the service safe?

Our findings

People showed us and told us they felt safe living at the home. One person said, "I feel safe because I am not by myself, I don't like being on my own." Another person said, "It can never be like your own home, but I do feel safe here." We saw people looked relaxed in the company of staff and confident to approach them for support. One relative told us, "I feel [family member] is safe otherwise I would not be able to have peace of mind, and I do." Another relative described to us how their family member's safety had improved due to the equipment in place to meet their needs. A further relative said, "People are very safe" and added, "All doors are locked."

Staff we spoke with believed people were safe and treated with kindness. The manager and staff told us all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff were able to show us they were aware of signs which may indicate someone was being abused and at risk of harm with the action they would take. We knew from our records the manager and staff had worked with other agencies, such as the local authority to respond to and take actions to ensure people who lived at the home received safe care. At the time of our inspection the manager had reported an incident to the local authority. There was an on-going investigation to understand what had taken place so action could be taken to reduce risks to people's safety where required.

Staff had identified possible risks to each person's safety and had taken action to support their welfare. One staff member told us how they took care to support a person, who was at risk of falling, to feel safe when using a hoist [equipment used to support people in moving in and out of chairs and beds]. The person's care plan confirmed, 'Give her plenty of reassurance when we use the hoist.' Throughout our inspection we saw staff practices when using equipment to meet people's physical needs was done in a way which mitigated risks to people from discomfort and injuries.

Maintenance work was being undertaken in the grounds of the home. On completion of these works the manager had plans to make sure the garden area was safely enclosed with any hazards reduced so people were able to access this. We saw there were arrangements in place to reduce risks to people in the event of a fire to help staff support people as quickly and safely as possible if necessary. Recently whilst the external work was carried out the provider's own health and safety team had shared plans with the fire service so they could be assured they were conforming to fire regulations.

People gave us mixed views about the suitability of staffing levels. Comments included; "I feel safe, the staff are here when I need them;" "When I press my buzzer, they do come, sometimes I have to wait for a few minutes," and another person said "I don't think that there is enough staff in the mornings." Staff we spoke with said they felt the staffing levels supported people's safety although they did acknowledge there were busy times during the day but they had not impacted upon people's safety.

Although we saw staff were busy we saw they promptly responded to people's call alarms and two staff were seen to use equipment when supporting people to move. In addition to this we saw a person had been assessed as requiring one to one care to support their safety and action was being taken to achieve this. For

example, the deputy manager was able to provide this for some of the time on the second day of our inspection until staff were available.

The manager told us there had been a number of changes to the staff team in previous months which had led to them to undertake further recruitment of new staff. During this period of recruitment there had been gaps in the staff team which needed to be filled through the use of agency staff. The manager confirmed the provider had supported them to access agency staff to ensure staffing levels could be maintained and people were safe. Staff told us and the manager confirmed checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us they had provided references and they had been interviewed as part of the recruitment and selection process. These arrangements supported people to receive care from suitable staff so people's safety was not compromised.

We spent time with two nurses who were administering people's medicines. Both nurses ensured medicines were safely administered and accurate records were checked. One person commented on their medicines by saying, "They [staff] never forget to give me the tablets and they make sure you take it." We saw medicines were kept in a suitably safe location and there were reliable arrangements in place for the ordering and disposal of medicines. The medicines were administered by staff who were trained to do so and daily checks of medicines were undertaken so any medicine errors could be identified and dealt with promptly. For example, a nurse told us they always checked whether there were any gaps in signatures on the medicine records from the previous medicine round.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in June 2015 we found the provider needed to make improvements as not all people with dementia had support to eat their meals so their lunchtime experiences were positive.

However, as at our previous inspection we saw staff practices which were not consistently influenced by people receiving effective care based upon best practice. We saw missed opportunities of supporting people's individual needs and checking with people that they were satisfied with their meals. For example, staff had not noticed the meals for two people with dementia were cold. Despite the one person repeatedly stating their meal was cold staff took no action to replace it until we intervened. The nurse said they would remind staff about checking the temperatures of people's meals.

We also saw staff practice varied when supporting people to eat. Some staff made this a social event chatting with the person as they helped them eat. Whereas in other instances we saw limited conversation between staff members and people they were supporting. In addition, staff did not consistently support people to make their own food choices, such as showing people two plated food options as a visual prompt. We spoke with the cook about this who told us all staff should be doing this as it supported people with dementia to eat food they liked and they would remind staff.

There were inconsistencies in the recording of people's eating and drinking to support effective monitoring was taking place so people remained healthy. For example, one person had no recording of the food and drink they had on one day and this was the same for another person. We spoke with two staff members about two people's monitoring records and they assured us people had been provided with some food and drink but staff had failed to record this at the time. When we raised the recording omissions we had identified with the management team they provided assurances to take steps to improve the consistency of recording what people had eaten and drank.

We saw some people with dementia were supported to take their medicines whilst they were eating their meals. We saw for some people it distracted them away from eating their meal as the nurse needed to encourage and support people with taking their medicines. One person showed they disliked the taste of their medicines and were distracted away from continuing to eat their meal. After another person had received their medicine we noticed it was difficult for them to once again focus upon their meal. These examples did not show staff effectively supported people with dementia to receive care and support during their meal time which was based on best practice. On discussion with the nurse they told us people were not specifically prescribed to have their medicines whilst they were eating their meals and had recognised it did not promote personalised care.

This was a breach of Regulation 9, (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the home and relatives had mixed views about the meals offered which ranged from, "I get such good food here" to "It would always be good to have more variety to choose from" and "Less

cakes." The manager explained to us they had already identified menus needed to be reviewed to make sure people's choices were incorporated into these and was discussing this with staff. Although what the manager could not show us was how effective this had been in meeting people's needs as the actions were still to be fully implemented. Additionally, relatives told us at a recent meeting the food was discussed with ideas shared such as, having laminated menus displayed.

Staff we spoke with were familiar with how people required their food and drinks to be prepared. In addition we saw and heard from the cook who knew how people required their food preparing to reduce the risk of choking. One person's relative told us, "They [family member] have their food pureed; it comes separate on the plate."
People who lived at the home and relatives believed staff knew how to meet their needs and were generally good at doing so. One person told us, "They [staff] look after me very good." Another person said, "They [staff] help me out of my chair and know how to do this. It must be due to their training otherwise if they did this in the wrong way I would fall which had not happened." The relative of another person said their family member had complex needs and staff had shown they were able to effectively meet these so, "It shows they have learnt to do this through their training."

Staff told us they had received an induction when they first started to work at the home to support them in their caring roles and felt they had the skills they needed to care for people. One staff member said, "I am booked onto training courses and I am up to date with courses." We heard from staff how they had received various training to support them in meeting people's individual needs. This included 'Creative Mind's' training which supported them to meet people's dementia care needs. However, we heard from staff how they believed they were not supported to consistently put this training into practice and one of the reasons was due to having less time when it was busy. We saw examples of this during mealtimes as reported above and when supporting people at other times during the day.

We looked at how staff practices reflected the principles of the Mental Capacity Act 2005 (MCA) to support people with their rights to make choices and decisions about aspects of their care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's care records showed the level of support they needed to make decisions for themselves. Where people were not able to make a decision we saw the MCA guidance regarding making decisions in a person's best interest, including involving others who knew the person well.

We saw varied examples of people being supported to make everyday choices and have control over their lives as much as possible during lunchtime. Whilst some staff provided explanations and gave people choice about wearing clothes protectors in contrast some staff did not. However, we saw more consistent examples of staff offering people choices in other aspects of their care and support. For example, what social events they wanted to take part in and what they wanted to wear.
The management and staff team understood what constituted a restriction to someone's freedom. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw DoL applications had been submitted and authorisations were in place where people's freedom was restricted in an appropriate way to help keep them safe.

People were supported to access care from a host of healthcare professionals. An optician and dentist all

visited people at the home. Access to doctors was arranged by staff and paramedics had been called promptly in times of emergencies. One person said they were able to see the doctor when they visited and if they needed to see the optician staff arranged this. One relative told us, "The doctor visits regularly and they'll [staff] get them in if needed." In addition to the doctor, social workers and mental health professionals had been involved in people's care when appropriate.

Good

Is the service caring?

Our findings

People who lived at the home told us they liked the staff and they were kind but were on occasions too busy at times to sit and chat with them as much as they would like. One person told us, "They [staff] are lovely and friendly, they help me but they need more regular staff to do the work." Another person said, "This is one of the better ones [referring to a staff member]. Some changes in staff are not so good." Another person said, "Look [pointing to a staff member] how they help us to look at interesting things from the past. It passes the time of day." We received comments from relatives who shared with us they were appreciative of staff who knew their family members well. For example, one relative told us, "They [staff] have been here a while and [family member] likes them very much. Their face lights up when they see them." Another relative said, "Some carers are better than others but you would get that in any home." A further relative commented how caring and compassionate they had found the staff.

Staff we spoke with told us they got to know people by reading their care plans and by talking with them and their relatives. One staff member said, "You've got to get to know the person. I like to interact with people." They went on to say, "I want to get it right for them." We saw people were comfortable in the company of staff and staff chatted with people in a friendly manner when supporting them with care tasks.

A relative we spoke with found staff friendly and welcoming when they visited. Staff told us they involved people in their care such as, supporting people to wear what they liked each day. One staff member said where people needed support to be involved in what they would like to wear they would show them different items of clothing. We saw people's clothing and appearances were all different reflecting their individual personalities. One person showed us they liked to wear jewellery and the bracelet they were wearing was a particular favourite.

People told us staff gave them choices and felt involved in their care. One person said, "They (staff) are good they will get anything I need." Another person told us, "I can make my own choices, I chose what I am wearing today." We saw people were offered choices, such as where they would like to sit. A further person told us, "You can join in or not" as they pointed to the group social events which were taking place.

There were some arrangements in place for people to be involved in making decisions. If people needed an advocate staff had access to information about this resource to support people in their lives and speak up on their behalf when this was required.

We also saw people's diverse needs were reflected in the support they received to make their individual rooms personal to them. For example, one person showed us their room and pointed out how each of their souvenirs meant something to them. Staff shared with us how people were supported to have their rooms how they wished so they would feel at home. Another example provided was how people's culture was respected by supporting people to have their own religious artefacts displayed in their room as they wished.

Staff practices did support people with their right to privacy. We heard from staff and saw examples of how

staff supported people with their personal care behind closed doors and made sure confidential care records were secured in office spaces. People who lived at the home told us staff always knocked on their door before entering even if it was open. One person said, "Staff are polite, they always announce who they are before they come into my room." Relatives we spoke with similarly told us staff were polite and did respect their wishes to spend private time alone with their family members as they chose to.

People told us they were supported to keep in contact with friends and relatives who were important to them. One person told us their relative visited daily and, "Really look forward to him coming, would be lost without seeing him." One relative we spoke with found staff welcoming when they visited. Another relative said they visited the home and supported their family member with their lunchtime meal. They told us, "They're [staff] friendly."

Requires Improvement

Is the service responsive?

Our findings

We looked at how the provider promoted care which kept people at the heart of all staff support. We spoke with one person who told us the care and support provided was not always responsive to people's particular needs. They told us, "People have to wait for staff to go to bed. Quite a few agency staff don't know what to do and so it takes extra time." People also informed us they sometimes had to wait for long periods for staff support and their needs were not met in a timely manner. Another person who expressed their frustration at waiting for their walking frame said, "If I had a penny for every time they [staff] said five minutes, I'd be rich."

We saw examples of people's needs not being responded when they required them to be, taking into account people's individual needs during our inspection. One example was when people wanted to go to the bathroom and staff were not in the area. People asked the inspectors if they could get assistance for them. For one person they became anxious as they said they could not wait much longer. We saw and heard from people how it was important for them to use the bathroom when they needed to. Staff were informed of people's requests to ensure their particular needs were responded to and their dignity was not compromised.

Although the provider had dedicated staff to support people in having interesting things to do there were occasions when more constant support would have benefitted some people. We saw examples where individual people's anxiety levels and behaviours were impacted upon by the lack of spontaneous support from staff. We spoke with one staff member who told us they had tried their best to support people with their needs but recognised what we saw did not reflect a responsive approach. On the second day of our inspection the staff member spontaneously supported a small group of people with something fun to do. Although this was short lived we saw for these people it enhanced their feelings of wellbeing with one person's anxiety levels lowered.

Staff we spoke with were able to tell us about individual people's needs and their preferences which matched the information in people's care records. One staff member told us when they had been off on leave the handover was detailed enough to ensure they were up to date and colleagues also assisted by sharing information.

We saw some staff practices which were responsive to people's needs, such as the planned social events and recreational activities. People who lived at the home and relatives described to us how social events were held at the home. One person described to us how they particularly liked music and a singer who came to the home. We saw a planned recreational activity where people used their different senses, such as smelling soap from the past to assist people in conversation topics which held interest to them. One person showed their appreciation to staff by stating, "Thank you for reminding me." Two relatives told us how they had been impressed with how the appointment of a staff member had supported the continual improvement of supporting people who lived at the home with social interests they could participate in. People who lived at the home and relatives who we spoke with told us they would raise any concerns or complaints' they had with the staff and management, if they needed to. They told us they would feel comfortable in doing this. The manager shared with us how since they had come into post they had

encouraged feedback from people. This was so they were able to improve the responsiveness of staff practices where needed and resolve any issues to people's satisfaction. We saw from the recent relatives meeting the manager had shared the idea of forming a relatives working committee which was met with enthusiasm by relatives who attended.

The provider had a complaints procedure which showed how people would make a complaint and what would be done to resolve it. Some people who lived at the home would need support in order to raise their concerns and staff told us they would observe people's body language or behaviour to know whether they were unhappy or happy. We looked at the complaints and found these had been investigated in line with the procedures so action could be taken where required to resolve the issues raised and drive through improvements.

Requires Improvement

Is the service well-led?

Our findings

A registered manager had not been in post since October 2016. We acknowledged the provider had taken steps to recruit a new manager but this had been unsuccessful as one appointed manager left and a new manager had started working at the home on 20 March 2017. The new manager informed us they were in the process of submitting an application to become the registered manager. This was to ensure the provider fulfilled their responsibilities in having a registered manager at this home.

We found the provider was required to make improvements at our previous inspection in the 'effective' question. This was because people were not provided with effective care and support during their meals. The management at the time pledged to make the required improvements which included supporting people with dementia so their wellbeing was effectively enhanced. At this inspection we saw the improvements required had not been sustained and or embedded in all staff practices. This had negatively impacted upon people as this way of working was not effective or responsive in using best practice in keeping people at the centre of their care.

There had been inconsistencies in the management of the home and the effectiveness in how it was run. This was shared with people at a meeting held in April 2017 where they were advised the previous management had not been successful in running the home and the new manager had '…picked up the broken pieces.' We heard examples of how the management arrangements had impacted upon people who lived at the home and staff experiences of stability. People who lived at the home and relatives had anxieties around the new manager leaving and care falling below their expectations. One relative said they were hopeful the new manager would ensure all staff practices were consistently responsive to their family member's needs. The relative did not feel this had always been the case.

Additionally, staff had not felt supported in their roles. We consistently heard from staff how they felt as though they were, "On a conveyor belt" with staff feeling agency staff who needed direction impacted upon the time they had to be able to care for people. There had been a reliance on agency staff and staff morale was low. Although the manager was now taking action to recruit and provide people with consistency there had been an impact on staff morale and the personalised care people received.

The provider's quality checks alongside the inconsistencies in the management of the home had not always been effective in taking timely action to drive through improvements and sustain these. For example, at the time of our inspection there continued to be improvements needed in the storage of trollies which held supplies, such as continence aids and towels. This action was required to assist in the prevention of people experiencing infections. Another example was strengthening practices so people were supported with their hand and feet care and oral care.

This was a breach of Regulation 17, (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they knew who the new manager was and were hopeful she would remain in post to bring

about reliable improvements. One person said, "The staff and new management are approachable." Another person told us, "There is no place like home but it is clean here and I like the staff I know, who have been here for a while." One relative told us, "There have been noticeable changes in staff [since the new manager came into post]; the staff seem a lot happier in their work."

Since the manager came into post they showed us they had scheduled meetings with relatives and staff. This was to support people to share their views and make suggestions about improvements. For example, relatives had made comments about their family member's personal care, food and drinks and feet care and how these could be improved upon. However, these improvements needed to be fully implemented with evidence to reflect how effective these were. In addition we saw the management team had been open with relatives in sharing with them improvements were required.

Staff were complimentary about the new management team. One staff member said they had not felt supported but "I think the manager and deputy will sort, will take a long time." Staff we spoke with knew about the provider's whistleblowing policy and how this could be used to share any concerns confidentially about people's care and treatment in the home. One staff member told us, "I would not hesitate to use this to protect the residents if I needed to."

Duty of candour is a requirement of the Health and Social Care Act 2008 [regulated activities] Regulations 2014 which requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We saw the ratings of our latest inspection were displayed in a prominent position so people were able to access these. In addition, we found the management team had been open in their approach to the inspection and co-operated throughout. At the end of our inspection visit we provided feedback on what we had found and where improvements were required. The feedback was received positively. There was a commitment by the management team to ensure action continued to be taken to enhance people's experiences and consistently support staff to be the best they could be in their roles.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not consistently receive person centred where their needs and personal preferences were met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers quality checking arrangements did not consistently improve and sustain the quality of the experience of people who used the service.